

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ll	7036	6-16-99
O.I.P.E. CLASSIFIER		21	5/19/99
FORMALITY REVIEW	DB	70014	5/25/99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

COPY AVAILABLE

Claim	Date
Original	3 6 2
1	3 27 16
2	80 00 01
3	✓ ✓
4	✓ ✓
5	✓ ✓
6	N N
7	✓ ✓
8	✓ ✓
9	✓ ✓
10	✓ ✓
11	✓ ✓
12	✓ ✓
13	N N
14	N N
15	✓ ✓
16	✓ ✓
17	N N
18	✓ ✓
19	✓ ✓
20	✓ ✓
21	✓ ✓
22	✓ ✓
23	✓ ✓
24	✓ ✓
25	✓ ✓
26	✓ ✓
27	✓ ✓
28	✓ ✓
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30	✓ ✓
31	✓ ✓
32	✓ ✓
33	✓ ✓
34	✓ ✓
35	✓ ✓
36	✓ ✓
37	✓ ✓
38	✓ ✓
39	✓ ✓
40	✓ ✓
41	✓ ✓
42	✓ ✓
43	✓ ✓
44	✓ ✓
45	✓ ✓
46	✓ ✓
47	✓ ✓
48	✓ ✓
49	✓ ✓
50	✓ ✓

Claim	Date
Final	3 2 9
Original	16 01 01
51	✓ ✓
52	✓ ✓
53	✓ ✓
54	✓ ✓
55	✓ ✓
56	✓ ✓
57	✓ ✓
58	✓ ✓
59	✓ ✓
60	✓ ✓
61	✓ ✓
62	✓ ✓
63	✓ ✓
64	✓ ✓
65	✓ ✓
66	✓ ✓
67	✓ ✓
68	✓ ✓
69	✓ ✓
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83	✓ ✓
84	✓ ✓
85	✓ ✓
86	✓ ✓
87	✓ ✓
88	✓ ✓
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91	✓ ✓
92	✓ ✓
93	✓ ✓
94	✓ ✓
95	✓ ✓
96	✓ ✓
97	✓ ✓
98	✓ ✓
99	✓ ✓
100	✓ ✓

Claim	Date
Final	
Original	
101	
102	
103	
104	
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107	
108	
109	
110	
111	
112	
113	
114	
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If more than 150 claims or 10 actions  
 staple additional sheet here